

Service 23  
Certified Pediatric or  
Family Nurse  
Practitioner Services

**MONTANA**

Montana Medicaid applies the generic term Mid-level Practitioner to physician assistants and advanced practice nurses. Advanced practice nurses include certified nurse midwife, nurse anesthetist, nurse practitioner, etc.

The following limitations apply to Mid-level Practitioner services:

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include all procedures, items and prescribed drugs:

1. Considered experimental by the U.S. Department of Health and Human Services (HHS) or any other appropriate federal agency;
2. Provided as part of a control study, approved by HHS or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing, preventing, correcting or alleviating the effects of certain medical conditions; and,
3. Which may be subject to question but not covered in #1 and #2 above. These services will be evaluated by the Department's designated medical review organization.

MONTANA

1. Transportation services, necessary for securing covered Medicaid services, are available to the Categorically Needy population when:
  - a. The recipient has no way of securing transportation for necessary medical care himself.
  - b. The mode of transportation to be used is the least expensive available which is suitable to the recipient's medical needs.
  - c. The transportation has been authorized by the Department or its designee prior to payment.
2. Ambulance services will be covered only when a recipient's medical condition requires immediate attention and when a less expensive means of transportation will endanger the patient's health.
3. Out-of-State travel will be authorized by the Department or its designee and is available only when medical care cannot be reasonably secured within the state.
4. In addition to transportation services, per diem is available to Medicaid recipients for purposes of obtaining medical care. Per diem is limited to meals and lodging.
5. The cost of an attendant's transportation and per diem will be authorized by the Department or its designee prior to payment when it has been demonstrated that the recipient's health condition or age requires the care of an attendant.
6. Transportation services are available to Medicaid recipients who have a handicap or physical limitation to the same extent they are available to other recipients.
7. Specialized medical transportation for the physically handicapped Medicaid recipient to secure covered Medical services will be authorized by the Department or its designee when the usual modes of transportation are inappropriate to the recipient's physical and health needs.
8. Transportation services are available to persons eligible for the Early Periodic Screening, Diagnosis and Treatment program to the same extent they are available to other Medicaid recipients.

Supplement to  
Attachment 3.1A

Service 24d  
Nursing Facility  
Services for Patients  
Under 21 Years of Age

MONTANA

The following limitations apply to Nursing Facility Services for Patients Under 21 Years of Age:

- A. Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

- B. Items or services that are not included in the payment benefit for services rendered by a nursing facility in the Montana Medicaid Program, but for which the resident may be charged are as follows:

1. Vitamins, multivitamins;
2. Calcium supplements;
3. Nasal decongestants and antihistamines;

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Services for Patients  
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4. Special requests by a nursing home resident for a specific item or brand that is different from that which the facility routinely stocks or provides as a requirement or condition of participation which is covered under the Medicaid per diem rate (i.e. special lotion, powder, diapers);
5. Shaving soap;
6. Toothpaste, toothbrush;
7. Cosmetics;
8. Hair combs;
9. Brushes;
10. Tobacco products and accessories;
11. Personal dry cleaning;
12. Beauty shop services;
13. Television rental;
14. Less-than-effective drugs (exclusive of stock items);
15. Over-the-counter drugs (exclusive of the following routine stock items; acetaminophen, aspirin, milk of magnesia, mineral oil, suppositories for evacuation, maalox and mylanta)

Supplement to  
Attachment 3.1A

Service 24e  
Emergency Hospital  
Services

MONTANA

The following limitations apply to Emergency Hospital Services:

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

TN 92-03 Approved 6/2/92 Effective 1/1/92  
Supersedes TN # 87-10-06

MONTANA

The following limitations apply to Personal Care Services in a Recipient's home:

1. Personal care services are limited to 160 units (40 hours) of attendant services per week per recipient. Services exceeding this limit must be prior authorized by the Department.
2. Household tasks are provided only in conjunction with direct personal care services. Household tasks may not exceed one-third of the total personal care hours authorized.
3. Services considered experimental are not a benefit of the Montana Medicaid Program. Experimental services include:
  - a. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
  - b. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
  - c. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in # 1 and # 2 above, will be evaluated by the Department's designated medical review organization.

TN 95-021. Approved 12/22/95  
Supersedes 92-03.

Effective 07/01/95

Supplement 1A to  
Attachment 3.1A

Service 19a  
Case Management - High  
Risk Pregnant Women

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State/Territory: Montana

**A. Target Group:**

**I. High Risk Pregnant Women**

A pregnant woman who is eligible for Medicaid (or Presumptive Eligibility) and meets high risk criteria as defined in Section 46.12.1915 of the Administrative Rules of Montana may be served. If the woman remains eligible for Medicaid after delivery, case management services may continue for the woman through the last day of the month of the 60th day following birth.

**B. Areas of State in which Services will be Provided:**

**I. High Risk Pregnant Women**

(X) Entire State:

( ) Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide)

**C. Comparability of Services:**

**I. High Risk Pregnant Women**

( ) Services are provided in accordance with section 1902(a)(10)(B) of the Act.

(X) Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

Supplement 1A to  
Attachment 3.1A

Service 19a  
Case Management - High  
Risk Pregnant Women

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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**D. Definition of Services:**

**I. High Risk Pregnant Women**

Case management means the process of planning and coordinating care and services to meet individual needs of a client and to assist the client in accessing necessary medical, social, nutritional, educational and other services. Case management includes assessment, case plan development, monitoring of the recipient's status and service coordination.

Case management is not a part of any other Medicaid service.

The receipt of case management services does not restrict a recipient's right to receive other Montana Medicaid or Presumptive Eligibility services from any certified provider.

The core functions of the case manager are to provide or assist in providing the following:

Referral

Help individuals to access services by establishing and maintaining a referral process for needed and appropriate services and to avoid duplication of services;

Risk Assessment

Identify the client's physical, medical, nutritional, psychosocial, developmental, and educational status to determine if the individual meets the high risk criteria. This is an ongoing process updated at each family contact;

Case Plan Development



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Prepare a written service plan that reflects the individual's needs and the resources available to meet those needs in a coordinated and integrated fashion;

Implementation, Advocacy and Accountability

Assure individuals receive access to services as indicated in the service plan. Maintain regular contacts with recipient and service providers to encourage cooperation.

Retain documentation of case management services provided and submit data as required.

**E. Qualifications of Providers:**

**I. High Risk Pregnant Women**

1. To be considered by the Montana Department of Public Health and Human Services as a case management provider for high risk pregnant women, the provider must:
  - a) be approved by the department;
  - b) have experience in the delivery of home and community services to high risk pregnant women;
  - c) demonstrate an understanding of the concept of prenatal care coordination services; and
  - d) have developed relationships with health care and other agencies in the area to be served.
2. A case management provider must use an inter-disciplinary team that includes members from the professions of nursing, social work and nutrition.
3. The professional requirements for these professionals are the following:
  - a) nursing must be provided by a licensed registered

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- professional nurse who is either:
- i) a registered nurse with a bachelor of science degree in nursing, including course work in public health; or
  - ii) a certified nurse practitioner with two years of experience in the care of families;
- b) social work must be provided by a social worker with a masters or bachelors degree in behavioral sciences or related field with one year experience in community social services or public health. A social worker with a masters in social work (MSW), masters in counseling, or a bachelors in social work (BSW) with two years experience in community social services or public health is preferred but not required; and
  - c) nutrition services must be provided by a registered dietitian who is licensed as a nutritionist in Montana and has one year experience in public health and/or maternal-child health.
- 4. To accommodate special agency and geographic needs and circumstances, exceptions to the staffing requirements may be allowed if approved by the Department.
  - 5. The case management provider must be able to provide the services of at least one of the professional disciplines listed in #2 directly. The other disciplines may be provided through subcontracts.
  - 6. Where services are provided through a subcontractor, the subcontract must be submitted to the Department or designee for review and approval.
  - 7. A case management provider must:
    - a) conduct activities to inform the target population and health care and social service providers in the geographic area to be served of its prenatal care